Idaho Individual plans and benefits | 2027

Savings and Perks

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Contact your agent, visit **selecthealth.org/shop**, or call **855-442-0220**.

Plan name ▶	Bronze 7750 (HSA eligible)[3]	Expanded Bronze 12000 (HSA eligible)[3]	Expanded Bronze 8700 (HDHP eligible)[3]	Expanded Bronze 7500 (HSA eligible)[3]	Expanded Bronze 6000 (HSA eligible)[3]	Silver 5500	Silver 4500	Silver 3500	Silver Copay	Gold 1500	Gold 1450
Participating Networks	L A M	L A M	L B M	L B A M	L B M	L B A M	L B A M	L B A M	L B A M	L	B A M
Deductible (single / family)	$7,750 / $15,500	$12,000 / $24000	$8,700 / $17,400	$7,500 / $15,000	$6,000 / $12,000	$5,500 / $11,000	$4,500 / $9,000	$3,500 / $7,000	$0 / $0	$1,500 / $3,000	$1.450 / $2,900
Maximum out-of-pocket (single / family)	$11,500 / $23,000	$12,000 / $24,000	$8,700 / $17,400	$11,000 / $22,000	$12,000 / $24,000	$9,900 / $19,800	$9,900 / $19,800	$9,900 / $19,800	$9,900 / $19,800	$9,000 / $18,000	$9,000 / $18,000
Medical virtual visits[1]	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PCP / Behavioral health office & virtual visits	$30 after deductible	$45	Covered 100% after deductible	$40	$50	$30	$30	$30	$35	$15 PCP $25 BH	$20
SCP office visits	$70 after deductible	$125	Covered 100% after deductible	$90 after deductible	$100	$55	$75	$70	$70	$40	$40
Urgent care	$70 after deductible	$125	Covered 100% after deductible	$70	$60 after deductible	$55	$75	$70	$70	$40	$40
Preventive care and immunizations	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Inpatient hospitalization (facility)	50% after deductible	Covered 100% after deductible	Covered 100% after deductible	50% after deductible	50% after deductible	$850 / day after deductible (5-day max)	50% after deductible	50% after deductible	$1,500 / day (3-day max)	20% after deductible	20% after deductible
Outpatient hospital services (facility)	50% after deductible	Covered 100% after deductible	Covered 100% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	$1,500	20% after deductible	20% after deductible
Minor diagnostic[2] (lab and x-ray)	$75 after deductible	$75	Covered 100% after deductible	$75	Covered 100% after deductible	$40	$65	$45	$40	$0	$0
Major diagnostic	50% after deductible	Covered 100% after deductible	Covered 100% after deductible	50% after Deductible	50% after deductible	$200 copay after deductible	50% after deductible	50% after deductible	$500	Covered 100% after deductible	20% after deductible
Emergency room	$600 after deductible	Covered 100% after deductible	Covered 100% after deductible	$600 after Deductible	50% after deductible	$600 after deductible	$400 after deductible	$500 after deductible	$1,000	$400 after deductible	$400 after deductible
Rx deductible	$1,950	Combined with medical	Combined with medical	$2,500	$2,500	$2,500	$1,500	$2,200	$3,500	$400	$500
Teir 1 preventive	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Tier 2 drugs	$15	$15	Covered 100% after deductible	$15	$15	$5	$5	$5	$5	$5	$5
Tier 3 drugs	$35	$35	Covered 100% after deductible	$35	$35	$25	$25	$25	$25	$25	$25
Tier 4 drugs	30% after Rx deductible	Covered 100% after deductible	Covered 100% after deductible	25% after Rx deductible	25% after Rx deductible	$45 after Rx deductible	25% after Rx deductible	25% after Rx deductible	$100 after Rx deductible	25% after Rx deductible	25% after Rx deductible
Tier 5 drugs	50% after Rx deductible	Covered 100% after deductible	Covered 100% after deductible	50% after Rx deductible	50% after Rx deductible	$55 after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible
Tier 6 drugs	50% after Rx deductible	Covered 100% after deductible	Covered 100% after deductible	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible

[1] Medical virtual visits with an in-network primary care provider and Intermountain Health virtual care providers are covered at no additional cost (except HSA-qualified plans). Mental health virtual visits will follow the mental health office visit copay.

[2] Some minor diagnostic services may be covered as part of the office visit cost share. The coverage and benefit details presented here do not include out-of-network cost-share details.

[3] Members enrolled on a Bronze plan may be eligible to open and contribute to a health savings account (HSA). Some restrictions may apply.

Preauthorization is required for certain services, and visit limits may apply. This chart is not a complete list of benefits.
If you have questions, visit **selecthealth.org** or call Member Services at **800-538-5038**.

Your contract is the final authority on your plan's benefits and coverage. If there are differences between the contract, the summary of benefits and coverage (SBC), or other materials, the contract will apply.

- L Select Health SLHN—Select Health St. Luke's Health Network
- B BrightPath Network
- A Select Health SAHA—Saint Alphonsus Health Alliance Network
- M Select Health Med Network

To see the full fair treatment notice, visit **selecthealth.org/disclaimers/non-discrimination.**
This information is available for free in other languages and alternate formats by contacting Select Health Medicare: **855-442-9900** (TTY: **711**) / Select Health: **800-538-5038.**

Select Health

Idaho Cost-Sharing Reduction (CSR) plans | 2027

In addition to a tax credit, you may be eligible for a cost-sharing reduction plan that lowers the amount you pay out-of-pocket for deductibles, coinsurance, and copays. Members of federally recognized American Indian or Alaska Native tribes may also qualify for additional cost-sharing benefits. Contact your agent or call Select Health Individual Sales at **855-442-0220**.

Plan name ▶	Silver 5500	Silver 5500	Silver 5500	Silver 4500	Silver 4500	Silver 4500	Silver 3500	Silver 3500	Silver 3500	Silver Copay	Silver Copay	Silver Copay
CSR	73%	87%	94%	73%	87%	94%	73%	87%	94%	73%	87%	94%
Participating Networks	L B A M	L B A M	L B A M	L B A M	L B A M	L B A M	L B A M	L B A M	L B A M	L B A M	L B A M	L B A M
Deductible (single / family)	$5,000 / $10,000	$3,500 / $7,000	$0 / $0	$3,600 / $7,200	$1,500 / $3,000	$0 / $0	$3,000 / $6,000	$500 / $1,000	$0 / $0	$0 / $0	$0 / $0	$0 / $0
Maximum out-of-pocket (single / family)	$9,000 / $18,000	$3,250 / $6,500	$3,250 / $6,500	$8,900 / $17,800	$3,400 / $6,800	$3,400 / $6,800	$9,000 / $18,000	$3,500 / $7,000	$3,250 / $6,500	$9,300 / $18,600	$3,400 / $6,800	$2,000 / $4,000
Medical virtual visits[1]	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PCP / Behavioral health office & virtual visits	$25	$15	$10	$15	$0	$0	$20	$10	$0	$35	$15	$5
SCP office visits	$40	$35	$20	$50	$40	$30	$60	$30	$20	$70	$50	$40
Urgent care	$40	$35	$20	$50	$40	$30	$60	$30	$20	$70	$50	$40
Preventive care and immunizations	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Inpatient hospitalization (facility)	$850 per day after deductible (5-day max)	$500 per day after deductible (5-day max)	$250 per day after deductible (5-day max)	40% after deductible	30% after deductible	20%	40% after deductible	30% after deductible	20%	$1,500 per day (3-day max)	$850 per day (3-day max)	$450 per day (3-day max)
Outpatient hospital services (facility)	40% after deductible	30% after deductible	20% after deductible	40% after deductible	30% after deductible	20%	40% after deductible	30% after deductible	20%	$450	$400	$250
Minor diagnostic[2] **(lab and x-ray)**	$20	$10	$5	$60	$25	$15	$45	$15	$15	$25	$20	$0
Major diagnostic	$200 copay after deductible	$150 copay after deductible	$100	40% after deductible	30% after deductible	$0	40% after deductible	30% after deductible	20%	$475	$275	$125
Emergency room	$400 after deductible	$350 after deductible	$150	$350 after deductible	$300 after deductible	$150	$450 after deductible	$350 after deductible	$150	$1,000	$400	$150
Rx deductible	$2,500	$250	$0	$1,500	$350	$0	$1,500	$200	$0	$3,500	$700	$0
Teir 1 preventive	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Tier 2 drugs	$5	$5	$0	$5	$5	$0	$5	$5	$0	$5	$5	$0
Tier 3 drugs	$25	$10	$10	$25	$10	$5	$25	$20	$10	$25	$15	$5
Tier 4 drugs	$40 after Rx deductible	$30 after Rx deductible	$30	25% after Rx deductible	15% after Rx deductible	5%	25% after Rx deductible	15% after Rx deductible	5%	$100 after Rx deductible	$50 after Rx deductible	$20
Tier 5 drugs	$50 after Rx deductible	$50 after Rx deductible	$40	50% after Rx deductible	25% after Rx deductible	15%	40% after Rx deductible	30% after Rx deductible	15%	25% after Rx deductible	15% after Rx deductible	5%
Tier 6 drugs	40% after Rx deductible	40% after Rx deductible	30%	50% after Rx deductible	40% after Rx deductible	30%	50% after Rx deductible	40% after Rx deductible	30%	50% after Rx deductible	40% after Rx deductible	20%

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